

Who We Serve

In keeping with the Department’s mission “to protect and promote the health of all San Franciscans, DPH offers a rich array of services that annually touch the lives of scores of San Francisco’s residents and visitors. The Department’s “safety net” provides low-income, uninsured and other vulnerable populations health care at San Francisco General Hospital (SFGH), the community Primary Care Clinics, Laguna Honda Hospital and the Behavioral Health Center. Safety net hospital and health care systems like SFGH are distinguished by their commitment to provide access to care for people with limited or no access to health care due to their financial, insurance, or medical status.

The Emergency Department acts as a safety net of a different sort. All county residents and visitors in need of expert trauma care are treated at SFGH’s Emergency Department (ED), the City’s only Level 1 Trauma Center. It is the one designated Trauma Center for San Francisco and northern San Mateo County, serving any and all who experience serious injury.

As the last chapter highlights, DPH could not provide the wide array of services and programs without the help of our community partners, both advisory groups and providers, or through the numerous grant funds we receive annually. All San Franciscans are impacted by the Health Department, whether or not an individual receives care in our system directly. The Department focuses on prevention messages and educational campaigns that touch the lives of all the City’s residents.



The Community Health Network

The CHN provides a wide array of personal health care services across a continuum of care. The Community Health Network is comprised on San Francisco General Hospital, Laguna Honda Hospital, Community Oriented Primary Care, Health at Home and Jail Health Services. Major service components include primary care (provided at 18 sites throughout the City), specialty care, acute care, home health care, long-term care, and emergency care.

CHN Services

In FY 2005-2006, the CHN provided health care services to clients.

Services Provided by the Community Health Network in FY 2005-2006

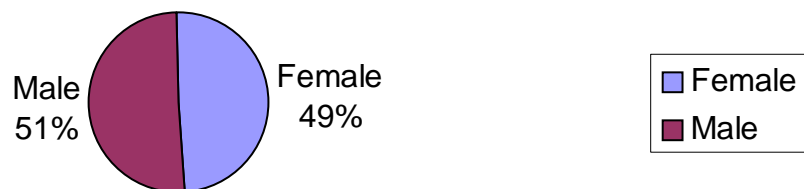
Types of Visits	Number/Percentage of Visits
Primary Care Visits	314,663
Specialty Care Visits	167,597
Dental Care Visits	15,998
Urgent Care Visits	22,501
Emergency Visits	62,713
Medical Visits	53,715
Percent Admitted	17.6%
Psychiatric Visits	8,998
Percent Admitted	29.6%
Encounters Requiring Trauma Center Services Activations	3,245
Acute Inpatient	109,219
Actual Days at SFGH	109,219
Actual Days at LHH	1,587
Home Health Care Visits	19,426
Skilled Nursing Care	
Actual Days at SFGH	9,523
Actual Days at BHC	35,835
Actual Days at LHH	372,475

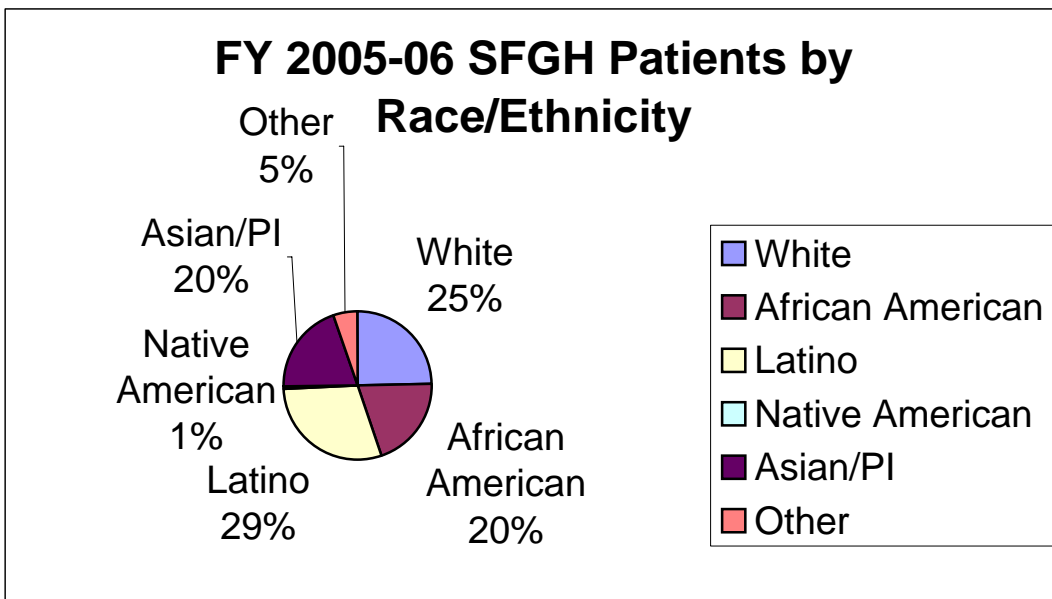
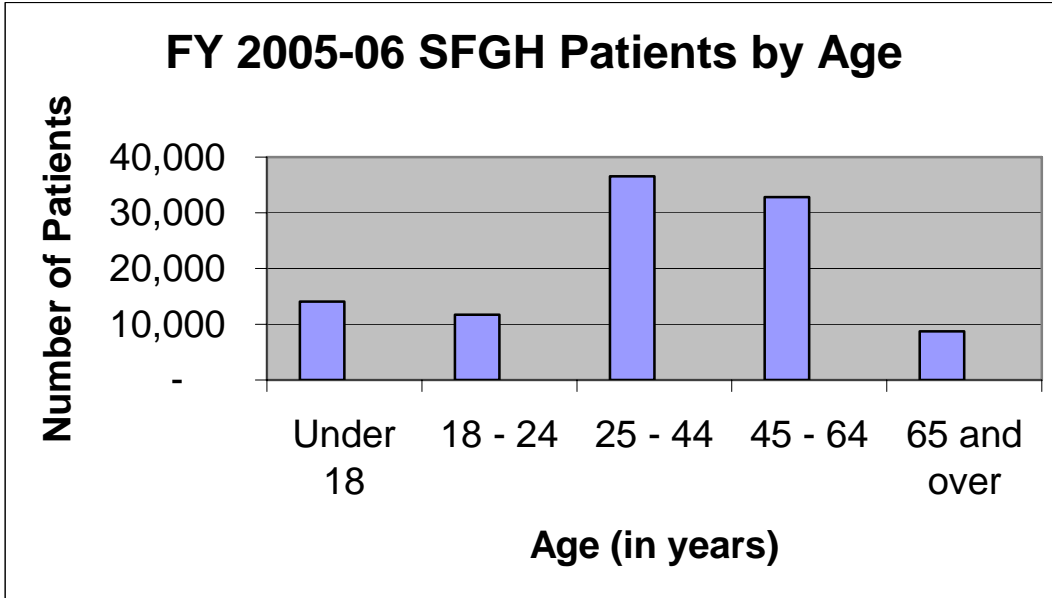
San Francisco General Hospital



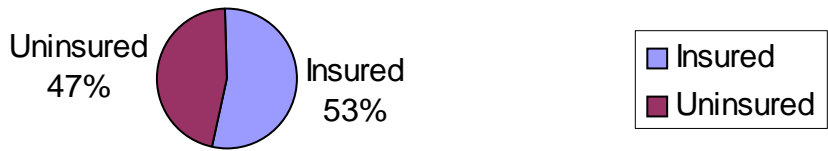
San Francisco General Hospital (SFGH) is a licensed general acute care hospital owned and operated by the City and County of San Francisco. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the City, and the only hospital that provides 24-hour psychiatric emergency services. Additionally, SFGH operates the only Trauma Center (Level I) for the 1.5 million residents of San Francisco and northern San Mateo County. San Francisco General Hospital provides comprehensive emergent, urgent, primary and specialty care to 98,000 adult and pediatric patients annually.

FY 2005-06 SFGH Patients by Gender

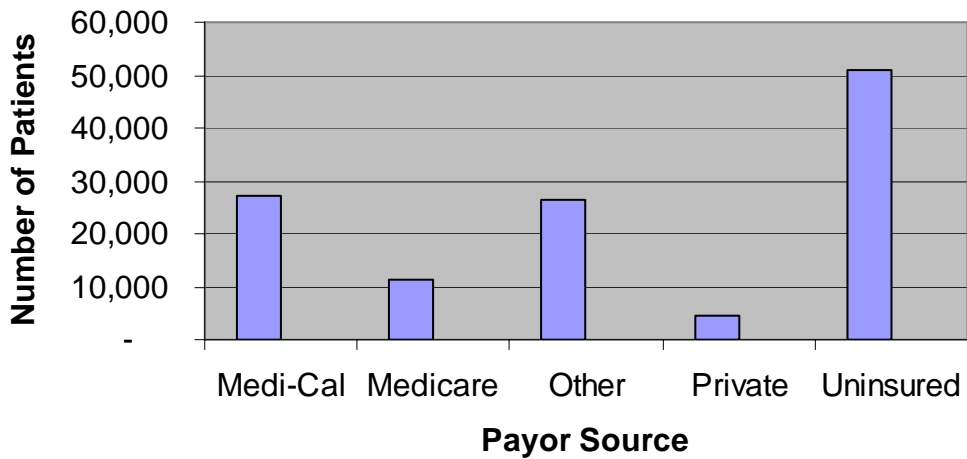




FY 2005-06 SFGH Patients by Insurance Status



FY 2005-06 SFGH Patients by Payor Source

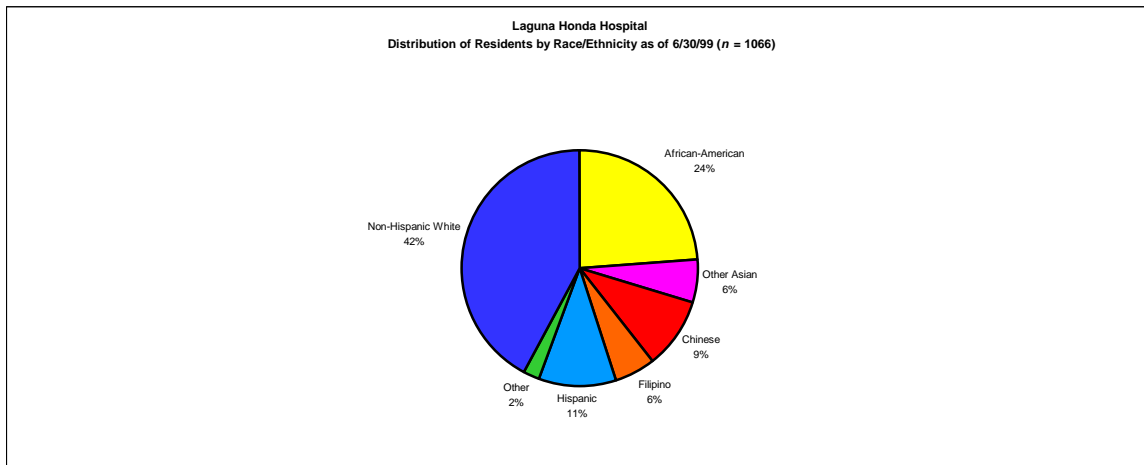


Laguna Honda Hospital

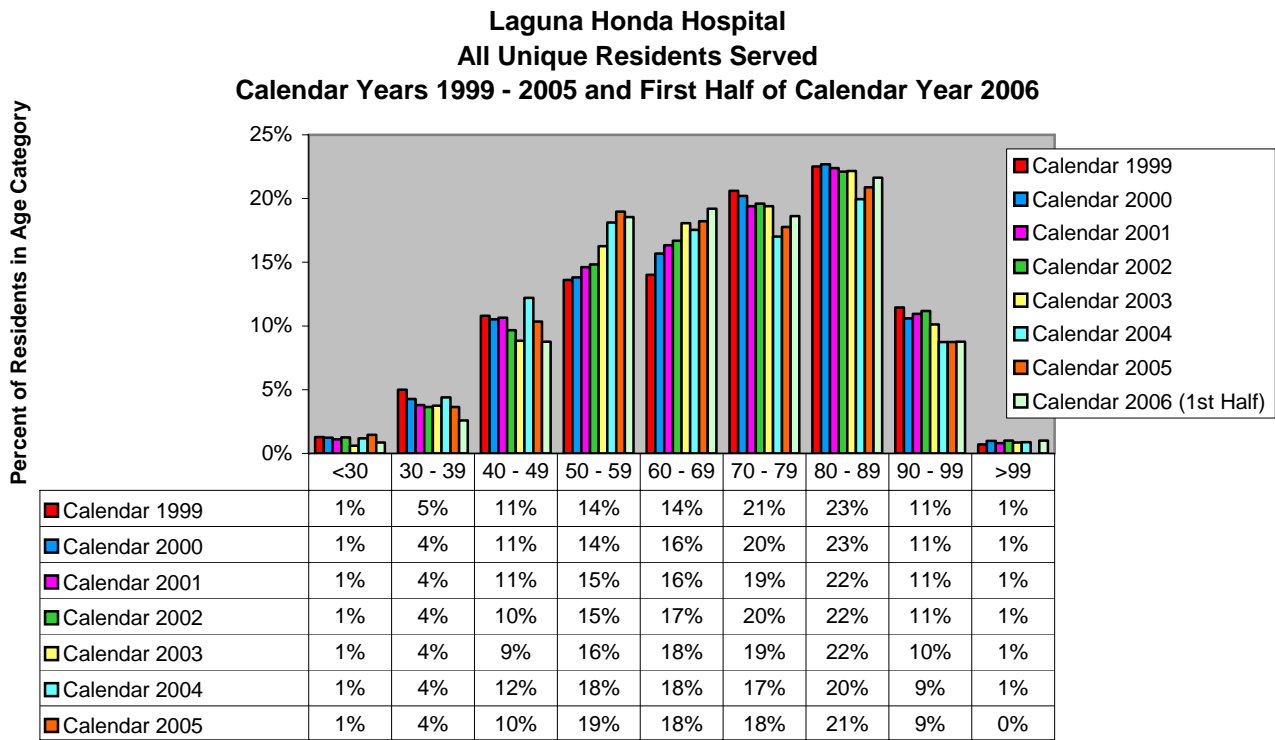


Laguna Honda Hospital (LHH) opened its doors in 1866 and started a long tradition of caring for the citizens of San Francisco. Laguna Honda Hospital and Rehabilitation Center is a licensed acute-care hospital with distinct part that is skilled nursing and a rehabilitation-care facility within the Community Health Network. It is the largest single site municipally owned and operated skilled nursing care facility in the country. LHH provides a wide range of inpatient and outpatient services, including rehabilitation services. Laguna Honda Hospital provides a full range of skilled nursing services to adult residents of San Francisco, who are disabled or chronically ill, including specialized care for those with wounds, head trauma, stroke, spinal cord injuries, orthopedic injuries, AIDS and dementia. The hospital also has a hospice program.

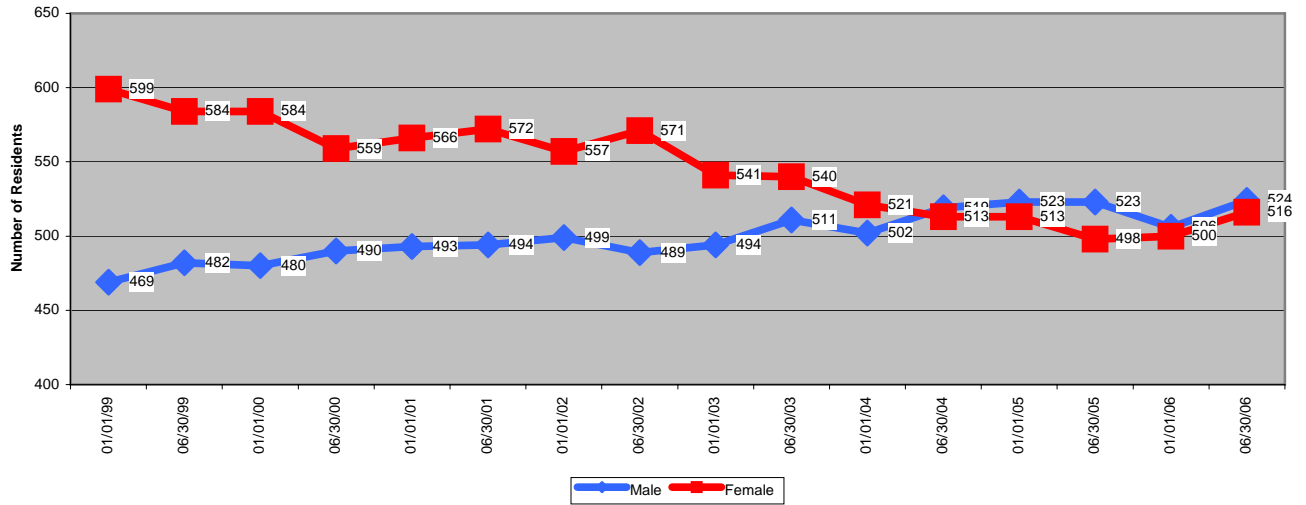
Distribution of Residents by Race/Ethnicity



LHH Unique Residents Served 1999 – 2006

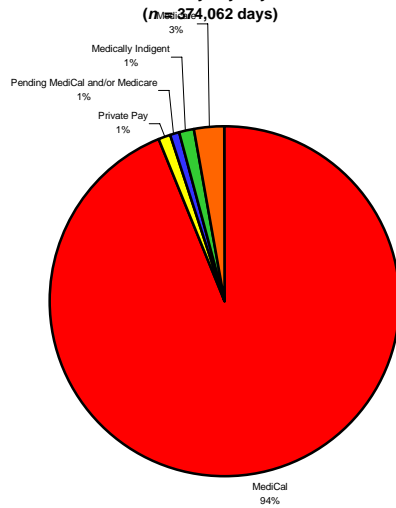


Laguna Honda Hospital Gender Distribution of Residents 1999 - 2006



Laguna Honda Payor Mix

LHH Distribution of Resident Days by Payor for Fiscal Year 2005-06
(n = 374,062 days)

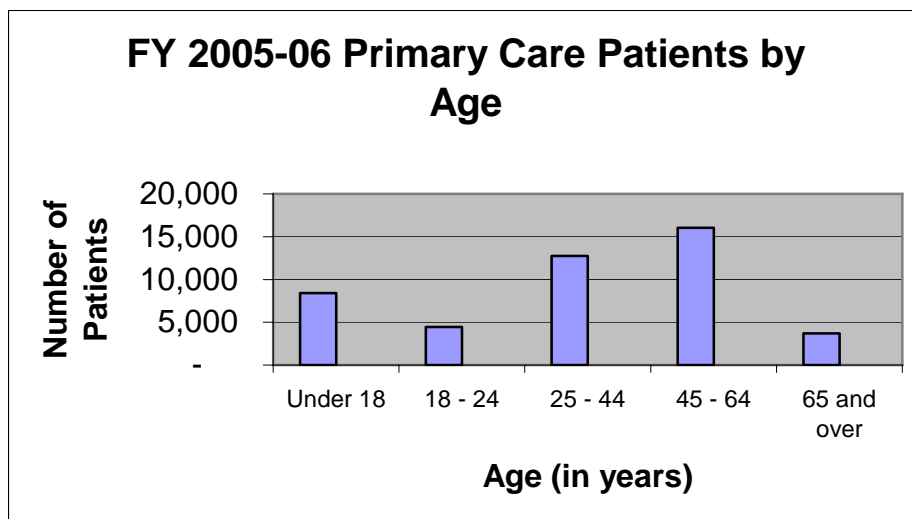
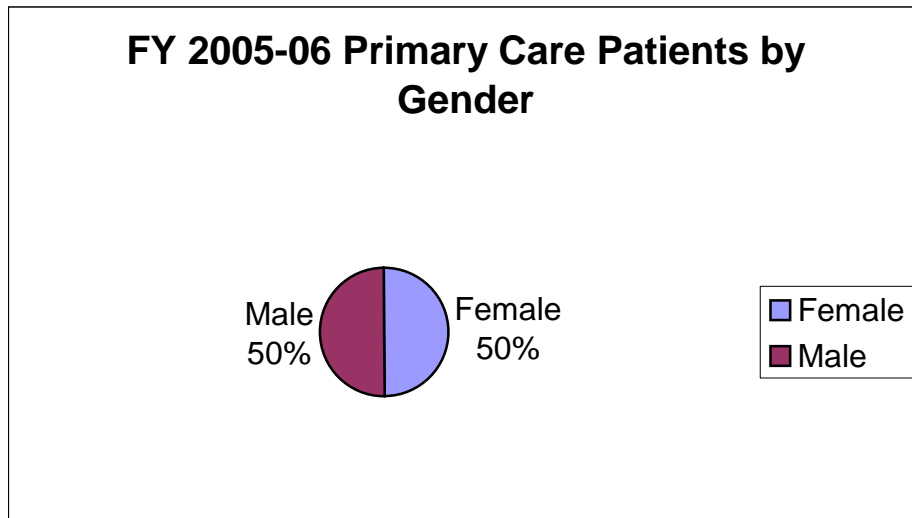


Community Oriented Primary Care

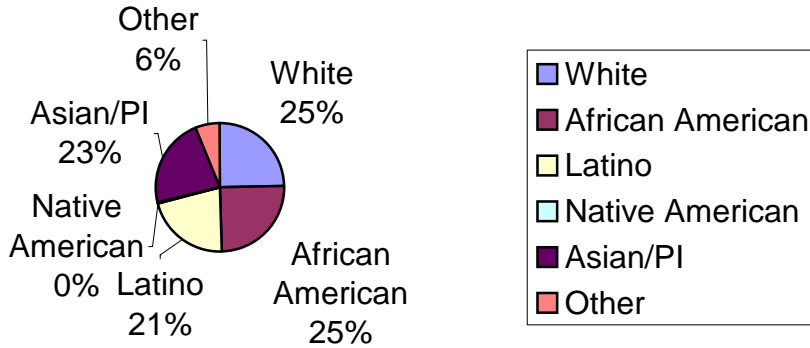
The guiding philosophy of the Primary Care Division is that of community-oriented primary care (COPC), which is a synthesis of Primary Care, Community Medicine, and Public Health. Specific features include:

- Primary care - medical care which is comprehensive, continuous, accessible, organized, coordinated, and accountable;
- A defined population - each Health Center has a target population defined by geography, age, gender, sexual orientation, family, and/or cultural community;
- Organized methods that utilize epidemiology to assess the health needs of the target community;
- Programs designed to meet the health needs of the target community;
- Accessibility to the community; and
- Involvement by the community in the development and implementation of health programs.

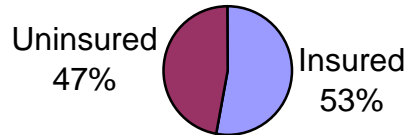
In addition, the Primary Care Division, primary care providers, and staff are committed to a broad definition of health (physical, psychological, social, and spiritual) and to multidisciplinary services. The Primary Care Division embraces the Community Health Network goals of patient care, teaching, and research. Training of interns and residents, medical student, nursing students, and a variety of other trainees occurs in various combinations in all primary care sites.



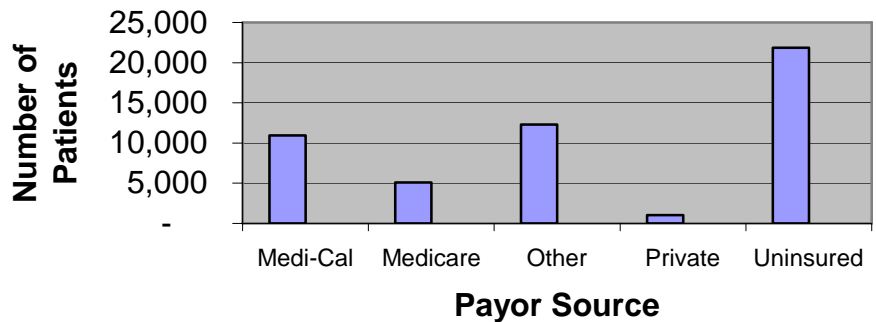
FY 2005-06 Primary Care Patients by Race/Ethnicity



FY 2005-06 Primary Care Patients by Insurance Status

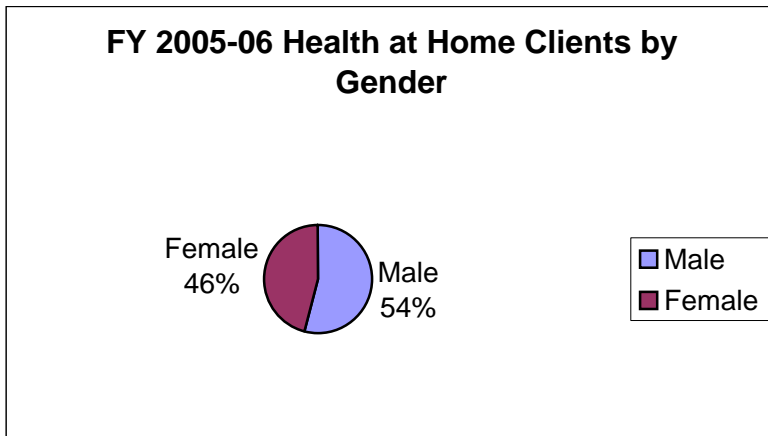
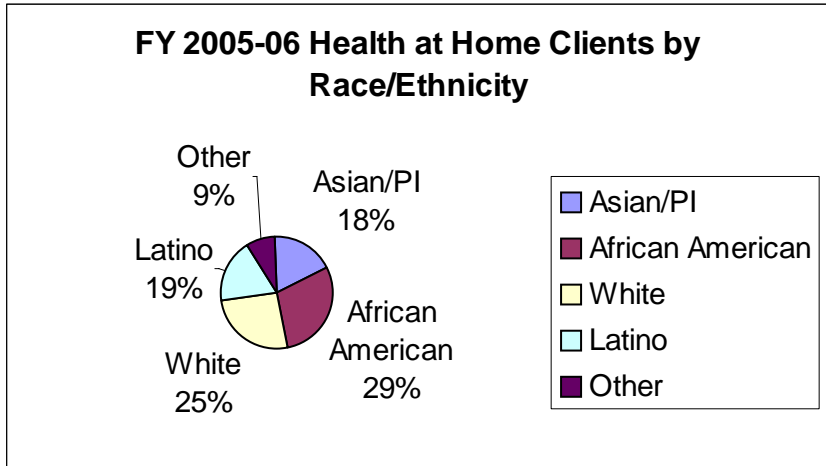
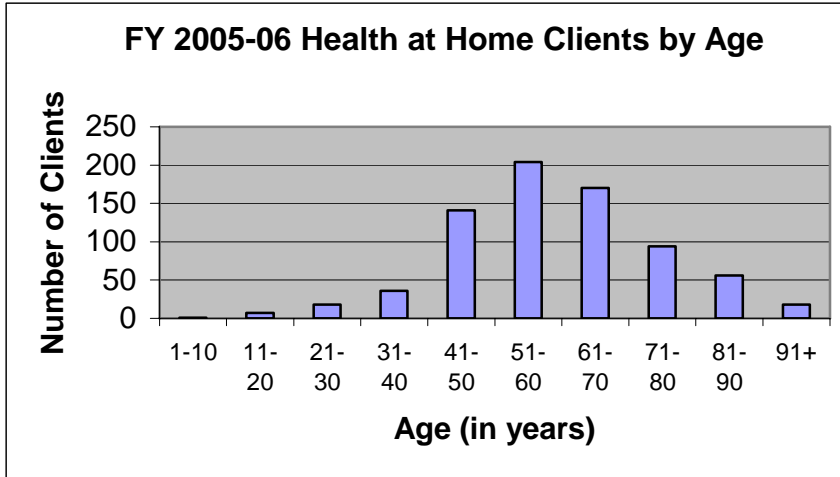


FY 2005-06 Primary Care Patients by Payor Source



Health at Home

Health at Home is the CHN’s Medicare-certified home health agency. The program provides symptom management, restorative care, respite, personal care, HIV management, wound and ostomy care, medical escort services, diabetic and respiratory care, nutrition, and palliative care through a staff of nurses, social workers, home health aides, volunteers, and physical, occupational, and speech therapists. Each year, Health at Home helps more than 700 low-income clients stay in their homes.



Jail Health Services

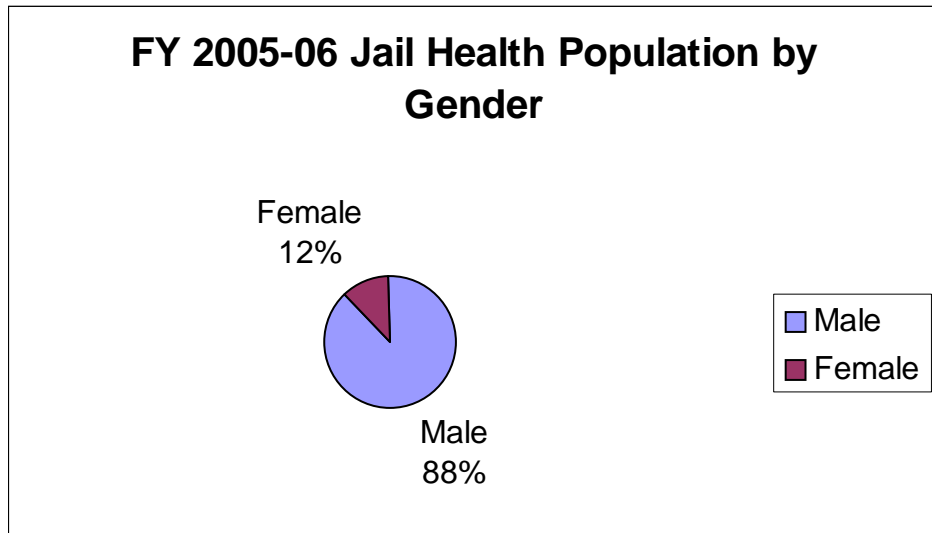
Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse services to inmates in San Francisco jails. JHS provides health and related services consistent with community standards as detailed by the California Medical Association’s Standards for Health Services in Adult Detention Facilities as well as mandates from the courts and other criminal justice agencies.

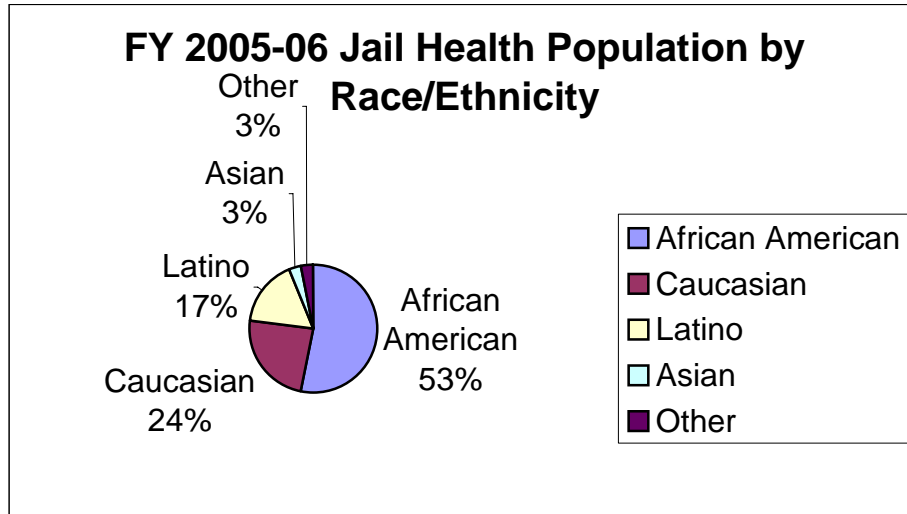
Delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, prior to being incarcerated, is a unique challenge. Inmates have a high prevalence of both acute and chronic medical, mental health, substance abuse and social problems. JHS pursues an aggressive program of health promotion and disease prevention to stabilize these problems while individuals are incarcerated, and operates a discharge planning program to maintain health when inmates return to the community by linking patients to existing community-based health and human services.

JHS provided the following services in FY 2005-06

- 32,521 Patients Triaged
- 67,467 Registered Nurse Evaluations/Treatments Performed
- 4,819 Clinician Visits Performed
- 9,340 Patients Screened for Tuberculosis
- 4,676 Patients Screened for Gonorrhea
- 4,748 Patients Screened for Chlamydia
- 4,253 Patients Seen by a Dentist
- 7,712 Mental Health Evaluations Performed
- 31,802 Mental Health Follow-up Visits Performed
- 1,458 HIV Risk Assessments/Tests Provided
- 6,969 Encounters Provided to 540 HIV Positive Patients

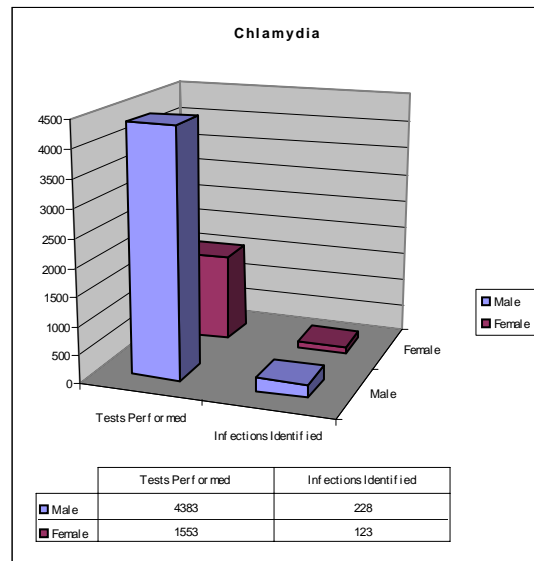
The average daily population of the County Jail System is 1,850. The Jail System has a capacity of 2,092. On average, 75 to 80 percent of prisoners have substance abuse problems, 28 percent are homeless, and 14 percent have significant mental health problems.

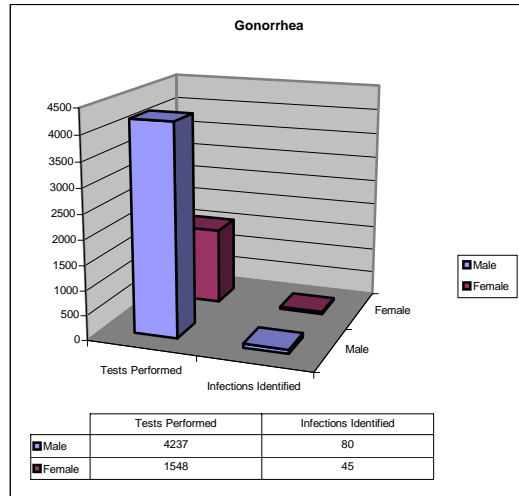




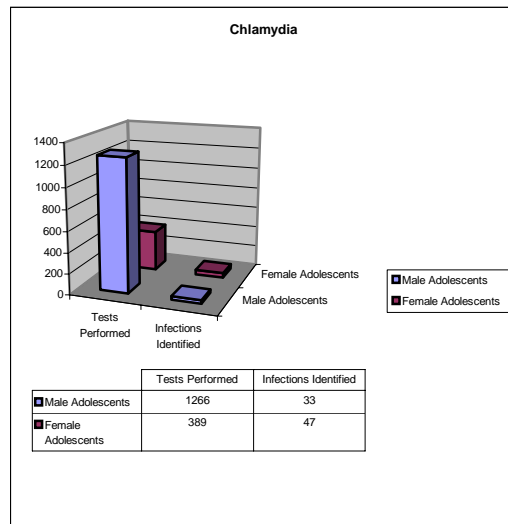
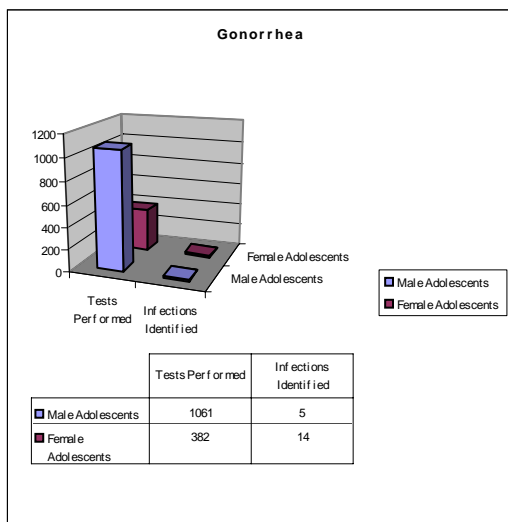
Improving STD screening in adult and youth detention centers

The Jail STD Program is a collaboration between Jail Health Services and the STD Program, both of whom assign staff to screen inmates for STDs. Chlamydia and Gonorrhea are the program's most commonly diagnosed STDs.



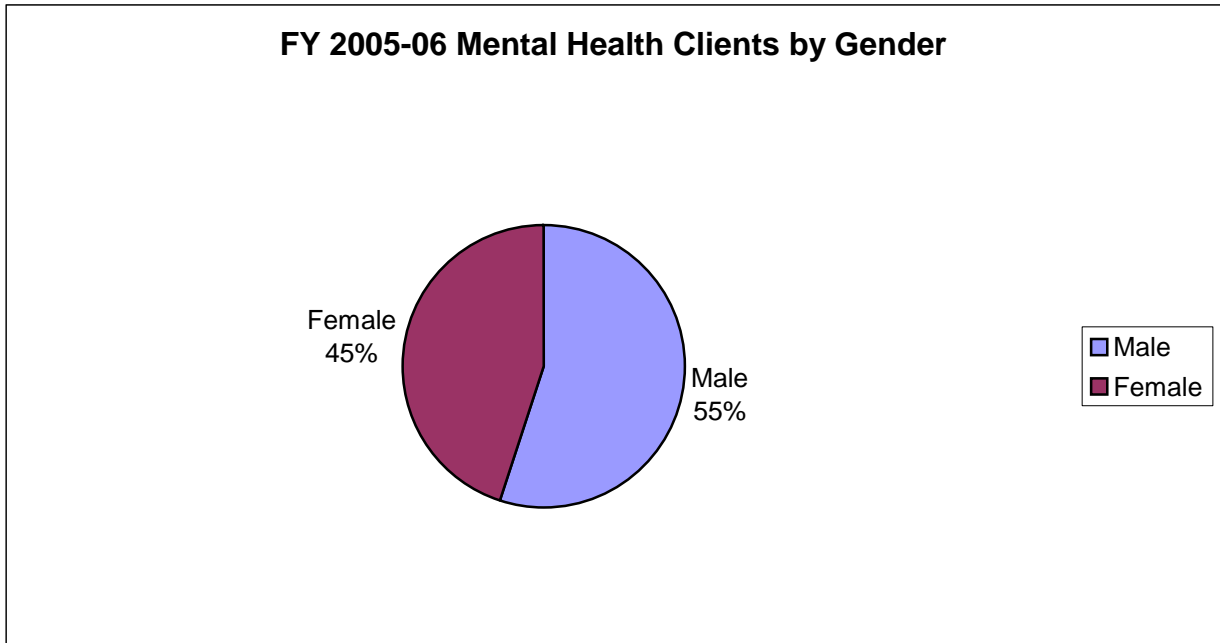


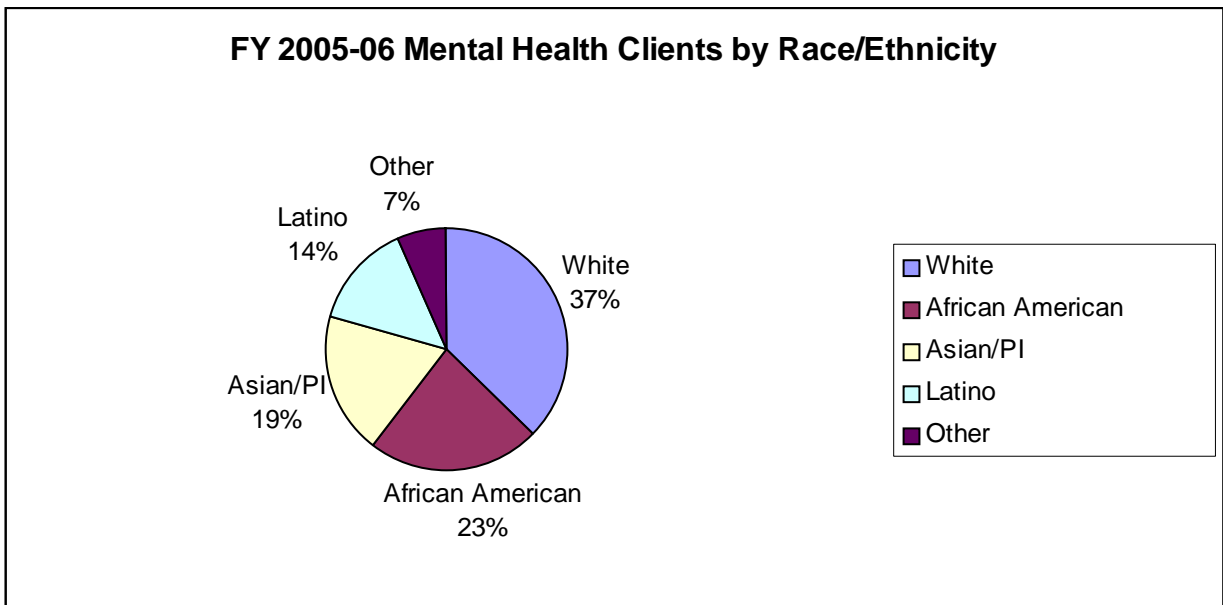
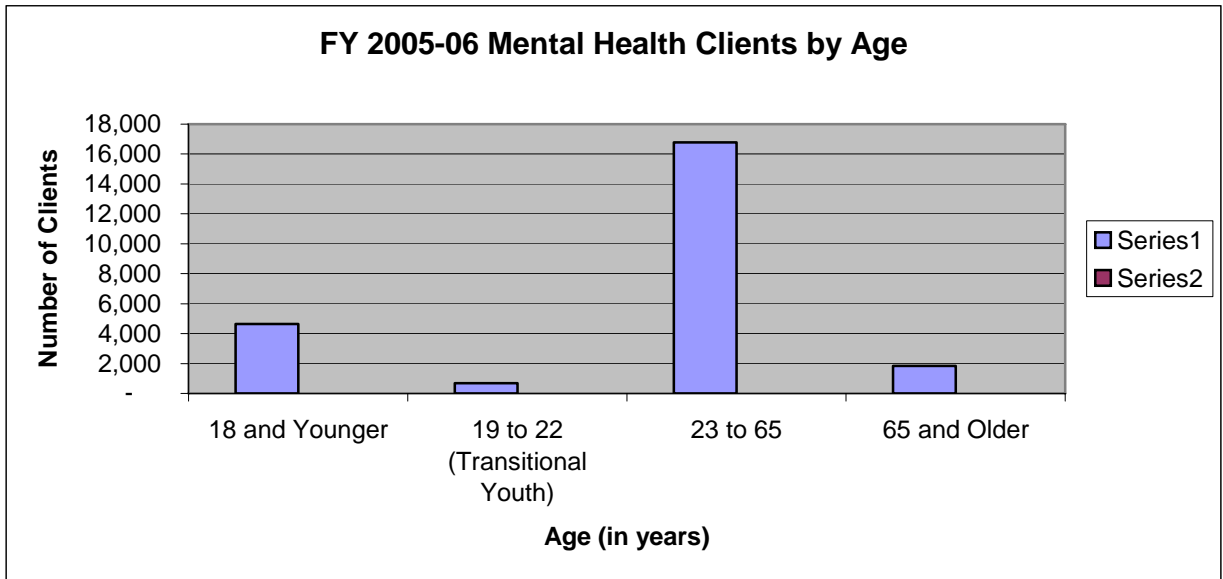
STD screening is also performed on adolescents incarcerated at the Youth Guidance Center (YGC), the City’s youth detention facility.

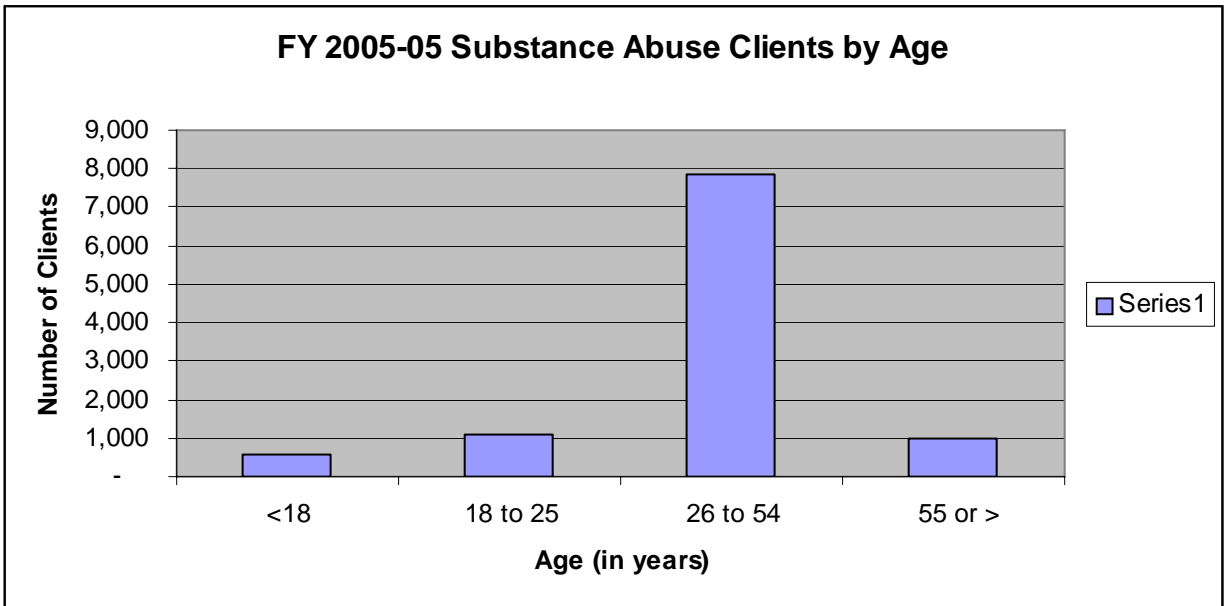
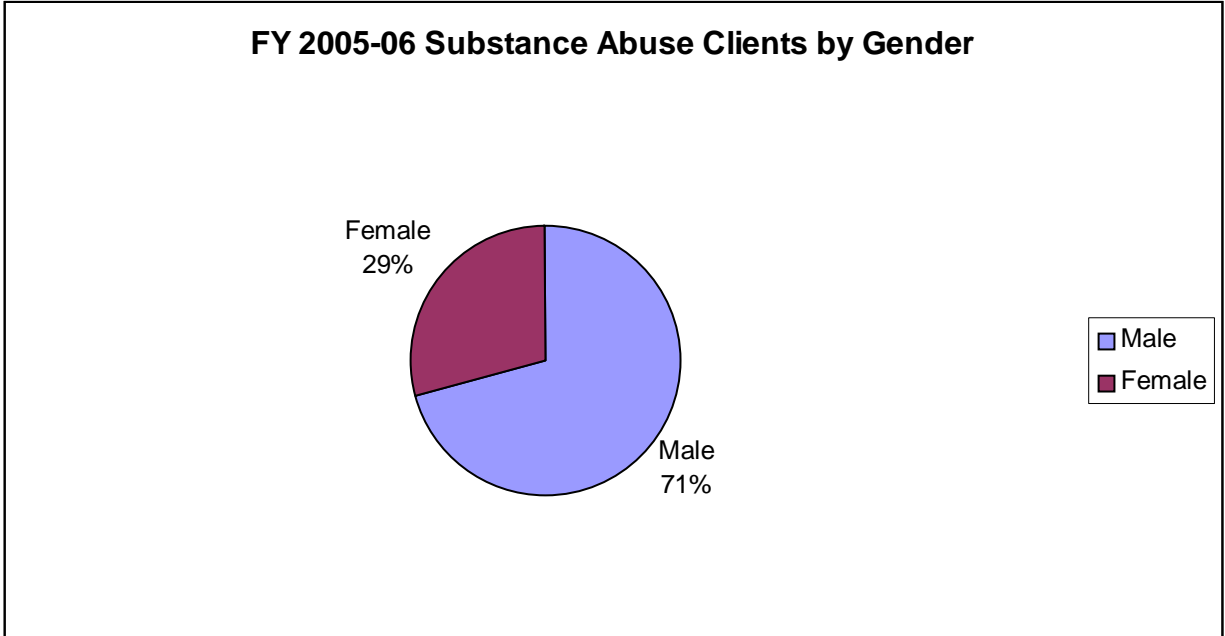


Community Behavioral Health Services

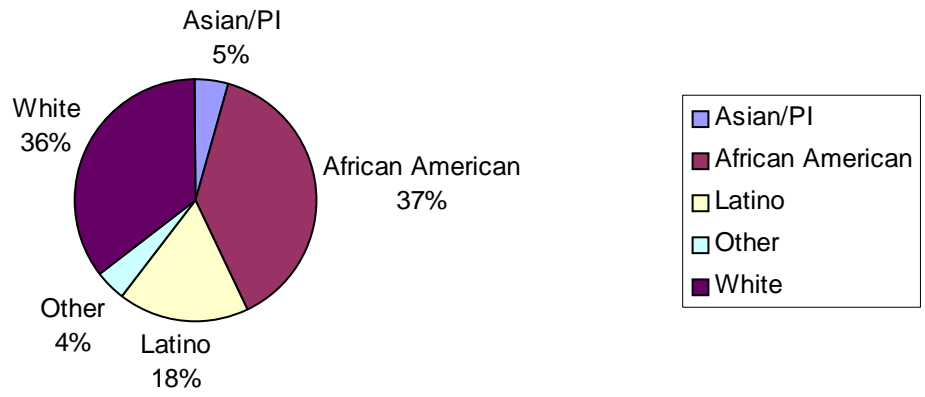
As mental health and substance abuse integration efforts continue, Community Behavioral Health Services embarked on a quality improvement effort at the system, program, clinical practice, and clinician competency levels towards a Comprehensive Continuous Integrated System of Behavioral HealthCare. In a partnership between service providers, individual change agents from throughout the system, clients, and system administrators, the quality improvement project is gathering momentum for the transformation of mental health and substance abuse services into an integrated, and dual diagnosis capable system. This involves system, program, and clinician self-assessment leading to action planning at multiple levels (policies, program development, training, etc.) to enhance the success of the system in helping all clients with mental health and substance abuse problems, and both.







FY 2005-06 Substance Abuse Clients by Race/Ethnicity



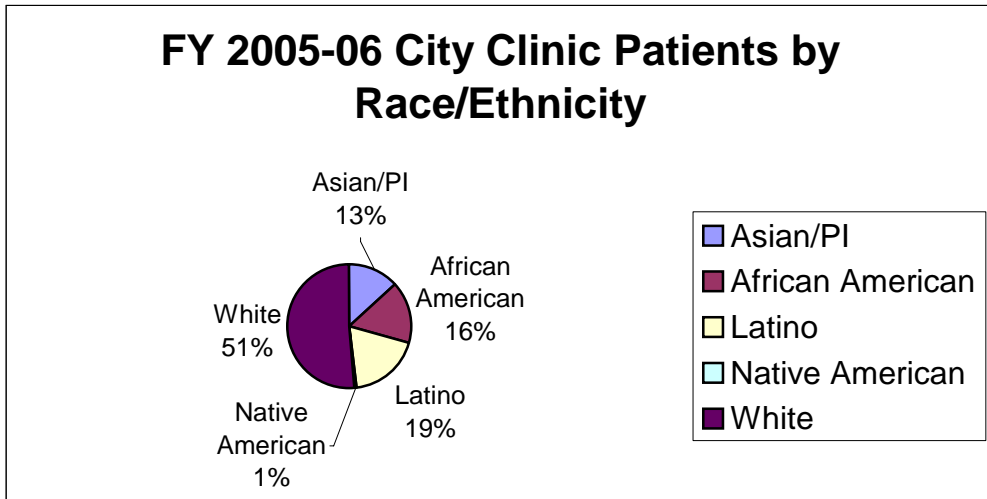
San Francisco City Clinic

In 2005, Sexually Transmitted Disease (STD) clinic visits increased for the first time in three years, with 22,923 patient visits in 2005 compared to 21,581 in 2004. In 2005, patient visits at City Clinic by women increased while patient visits by men decreased. In 2005, 58% of our patients identified as heterosexual and 42% were men who have sex with men, bisexual or lesbian. The race/ethnicity of our patients was as follows: White 51% Hispanic 18% African American 15% and Asian/Pacific Islander 14%. Only 3% of our STD Clinic patients were under 20 years of age.

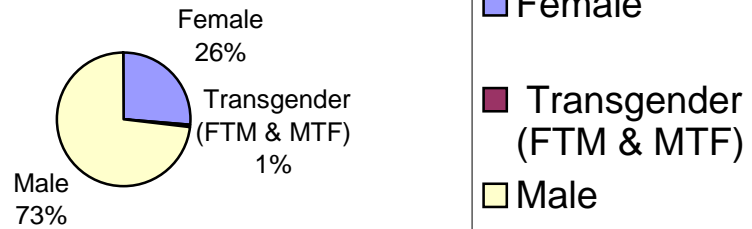
In 2005, STD patients began being able to access their STD test results over the Internet. Patients created a personalized password at the time that they registered for their Clinic visit and were told to check for their results on line in approximately 2-3 working days. This greatly improved patients' access to their test results, as they are now available 24 hours a day seven days a week, and also reduced the number of patients returning to the STD Clinic to receive their test results.

Reported cases of gonorrhea among heterosexuals were stable or decreasing in San Francisco from 2000 to 2004. However, in the 2005, we observed a 51% increase in gonorrhea cases in women compared to the same time period in 2004 (234 to 353 cases).

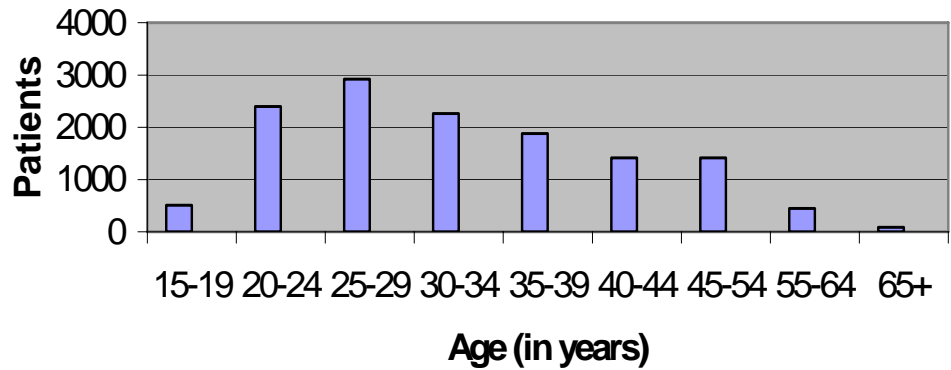
Although there was a substantial increase among women of all races, black women had the largest increase (69% from 93 cases to 157 cases) and have a rate of gonorrhea that is 12 times higher than white women (485.3 per 100,000 compared with 39.5 per 100,000). Hispanic women and white women had increases of 39% and 40% respectively. Gonorrhea in women aged 15 to 19 years increased from 67 to 109 cases (a 63% increase). Gonorrhea in women accounted for only 353 (15%) of the 2,420 gonorrhea cases in 2005. Gonorrhea puts women at increased risk for infertility, pelvic inflammatory disease, chronic pelvic pain, tubal pregnancy and HIV. Most women have mild or no symptoms of gonorrhea and often do not know they are infected.



FY 2005-06 City Clinic Patients by Gender



FY 2005-06 City Clinic Patient by Age



AIDS Office

With an estimated 19,000 San Franciscans living with HIV/AIDS, DPH has made HIV/AIDS research, prevention, and services a priority. The mission of the AIDS Office is to respond to the HIV/AIDS epidemic in San Francisco by measuring its impact; developing appropriate prevention strategies; establishing community partnerships to ensure the provision of direct services to individuals living with HIV disease and those at risk for infection; contributing to the scientific and service communities through research and special studies; and formulating HIV policies for the Department of Public Health.

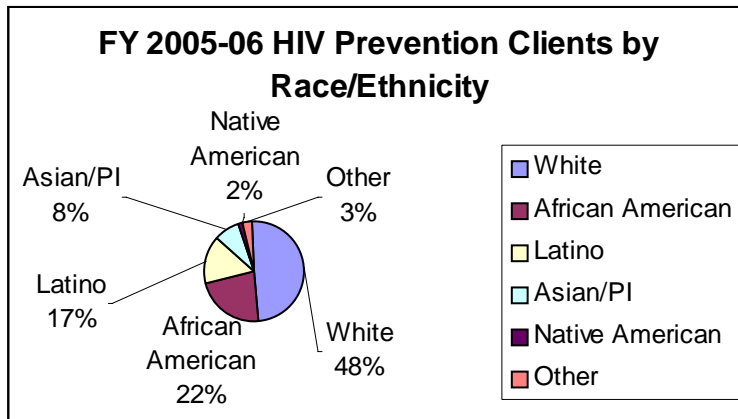
HIV Surveillance and Research

With its HIV/AIDS Statistics & Epidemiology, and HIV Research branches, the AIDS Office continues to make important contributions to our understanding of the epidemic. The Statistics & Epidemiology Unit assesses the current level or burden of HIV infection among populations at risk, monitors trends in transmission, detects nascent sub-epidemics, finds empirical evidence of the impact of community-wide prevention programs, monitors the incidence of severe HIV-related immunosuppression, and identifies trends in emerging modes of HIV transmission. The natural history of HIV infection, vaccine trials, and transmission prevention and behavioral interventions, are the tasks of the HIV Research Section.

HIV Prevention

The HIV Prevention Section coordinates and supports the HIV prevention planning activities of the HIV Prevention Planning Council (HPPC). Section staff focus efforts on implementing the HPPC's goal of reducing the number of new HIV infections in San Francisco to as close to zero as possible. In addition, the Section is responsible for the allocation of Federal, State and General Fund monies to HIV prevention providers throughout San Francisco on the basis of priorities set by the HPPC.

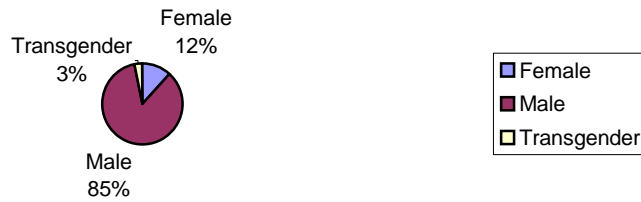
In 2005-06, the HIV Prevention Unit reached nearly 123,000 residents with HIV prevention messages and interventions. It is estimates that 74 percent of those reached are men who have sex with men, 11 percent are transgendered persons, eight percent are woman, half of whom are injection drug users, and nine percent who have sex with women exclusively, most of whom are injection drug users.



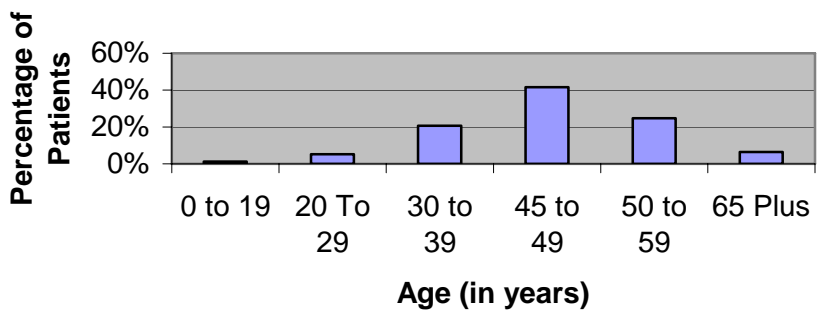
HIV Health Services

The mission of HIV Health Services is to maintain and improve the health and quality of life for those infected and affected by HIV/AIDS. This is accomplished in collaboration with various public agencies and San Francisco's diverse communities by assessing community needs; conducting strategic and comprehensive planning; securing funding; implementing coordinated, client-centered, innovative and effective community-based programs; evaluating services; and facilitating the development of responsible public policy. In FY 2005-06, the HIV Health Services section provided care to 8,802 unduplicated clients.

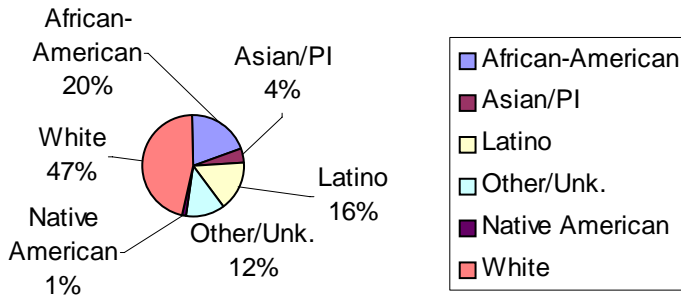
FY 2005-06 HIV Health Services Patients by Gender



FY 2005-06 HIV Health Services Patients by Age



FY 2005-06 HIV Health Services Patients by Race/Ethnicity



FY 2005-06 HIV Health Services Patients by Exposure Risk

